STANDARD PROCEDURES ALGORITHM FOR PRESCRIBING OF CONTRACEPTIVES (excluding DMPA) 1) Health and History Screen Contraindicating Review Hormonal Contraceptive Self-Screening Questionnaire. Condition(s) To evaluate health and history, refer to USMEC or Utah MEC. Refer 1 or 2 (green boxes) - Hormonal contraception is indicated, proceed to next step. 3 or 4 (red boxes) - Hormonal contraception is contraindicated --> Refer No Contraindicating Conditions 2) Pregnancy Screen a. Did you have a baby less than 6 months ago, are you fully or nearly-fully breast feeding, AND have you had no Possible menstrual period since the delivery? Pregnancy b. Have you had a baby in the last 4 weeks? c. Did you have a miscarriage or abortion in the last 7 days? d. Did your last menstrual period start within the past 7 days? e. Have you abstained from sexual intercourse since your last menstrual period or delivery? f. Have you been using a reliable contraceptive method consistently and correctly? If YES to AT LEAST ONE <u>and</u> is free of pregnancy symptoms, proceed to next step. If NO to ALL of these questions, pregnancy can NOT be ruled out --> Refer Patient is not pregnant 3) Medication Screen (Questionnaire #24 + med list) (Corticosteroids - refer to DMPA algorithm) Contraindicating Medications Caution: anticonvulsants, antiretroviral, antimicrobials, barbiturates, herbs & supplements, including: lumacaftor/ivacaftor (*PLEASE ALWAYS REFER TO CURRENT MEC*) carbamazepine primidone felhamate rifampin / rifabutin oxcarbazepine griseofulvin phenobarbital topiramate lamotrigine fosamprenavir (when not combined with ritonavir) phenytoin No Contraindicating Medications consider POP Refer 4) Blood Pressure Screen: BP ≥ 140/90 Take and document patient's current blood pressure. Is BP <140/90? Note: RPH may choose to take a second reading, if initial is high. BP < 140/90 5) Evaluate patient history, preference, and current therapy for selection of treatment. Patient is currently on birth control Not currently on birth control 5a) Choose Contraception 5b) Choose Contraception Initiate contraception based on patient **Continue** current form of pills or patch, if no change is necessary preferences, adherence, and history for new therapy **Alter** therapy based on patient concerns, such as side effects patient may be experiencing; or refer, if appropriate -Prescribe up to 12 months of desired contraception and dispense product -Prescribe up to 12 months of desired contraception and dispense (quantity based on professional judgment and product. (quantity based on professional judgment and patient preference) patient preference) 6) Discuss Initiation Strategy for Initial Treatment/Change in Treatment (as applicable) a) Counseling - Quick start - Instruct patient she can begin contraceptive today; use backup method for 7 days. b) Counseling - Discuss the management and expectations of side effects (bleeding irregularities, etc.) c) Counseling - Discuss adherence and expectations for follow-up visits

7) Discuss and Provide Referral / Visit Summary to patient

Encourage: Routine health screenings, STD prevention, and notification to care provider